FORM PTO-87\$ (Rev. 8/01)

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

+280=

ADDIT FEE

TOTAL

OR

+140=

ADDIT. FEE

TOTAL